|                         | - 0/J 54P   | 462    |                |
|-------------------------|---|--------|----------------|
|                         | RECEIPT FOR CERTIF  NO INSURANCE COVERAGE PR  NOT FOR INTERNATIONAL N | OVIDED | MBM            |
|                         | (See Reverse)   |        | DOGM           |
|                         | Sent to GLEN ZUMWALT UTAH FUEL COMPAI                                 | MGR    | 1              |
|                         | P O BOX 719   |        | A              |
|                         | P.O. State and ZIP Code<br>HELPER UT 84526                            |        | T/0            |
|                         | Postage   | \$5-2  | ACT/007/005    |
| PS Form 3800, June 1985 | Certified Fee   | 100    | 005            |
|                         | Special Delivery Fee  |        | NO             |
|                         | Restricted Delivery Fee   |        | N              |
|                         | Return Receipt showing to whom and Date Delivered                     | 100    | 92-            |
|                         | Return Receipt showing to whom,<br>Date, and Address of Delivery      |        | NOV N92-37-1-1 |
|                         | TOTAL Postage And Cros  | \$252  |                |
|                         | Postmant or pate  | •      |                |